

NOTE: All personnel listed on this form must have completed an approved Basic Fire Fighter training program and have documentation on file. List last name, first name, middle initial, social security number, date of birth, appointment date and course completion date for each person.

## Volunteer/Part-time Firefighter PERSONNEL FORM

AGENCY: \_\_\_\_\_

AGENCY COMPLIANCE NUMBER: \_\_\_\_\_

PRINT OR TYPE ALL INFORMATION:

OFFICE USE ONLY

NAME: Last, First, MI.	SSN	DATE OF BIRTH	APPOINTMENT DATE	COURSE COMP. DATE	YES	NO

Supplying or condoning the submission of false information to this agency may be a violation of the criminal code of Georgia (Georgia Law 1968 PP 1249,1310). I verify that the foregoing information is true and correct based upon my personal knowledge and the information available to me, and that the personnel listed are members of the above named agency and have meet the current training standards as approved by the Georgia Firefighter Standards and Training Council.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_